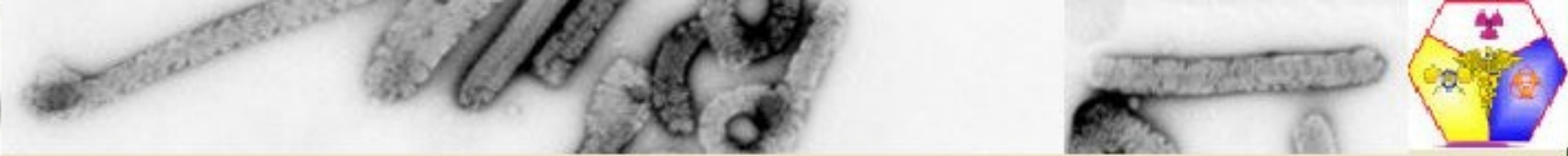


# ***Medical NBC Briefing Series*** ***Medical NBC Aspects of*** **Rift Valley Fever**





# Purpose

- ***This presentation is part of a series developed by the Medical NBC Staff at The U.S. Army Office of The Surgeon General.***
- ***The information presented addresses medical issues, both operational and clinical, of various NBC agents.***
- ***These presentations were developed for the medical NBC officer to use in briefing either medical or maneuver commanders.***
- ***Information in the presentations includes physical data of the agent, signs and symptoms, means of dispersion, treatment for the agent, medical resources required, issues about investigational new drugs or vaccines, and epidemiology.***
- ***Notes page.***



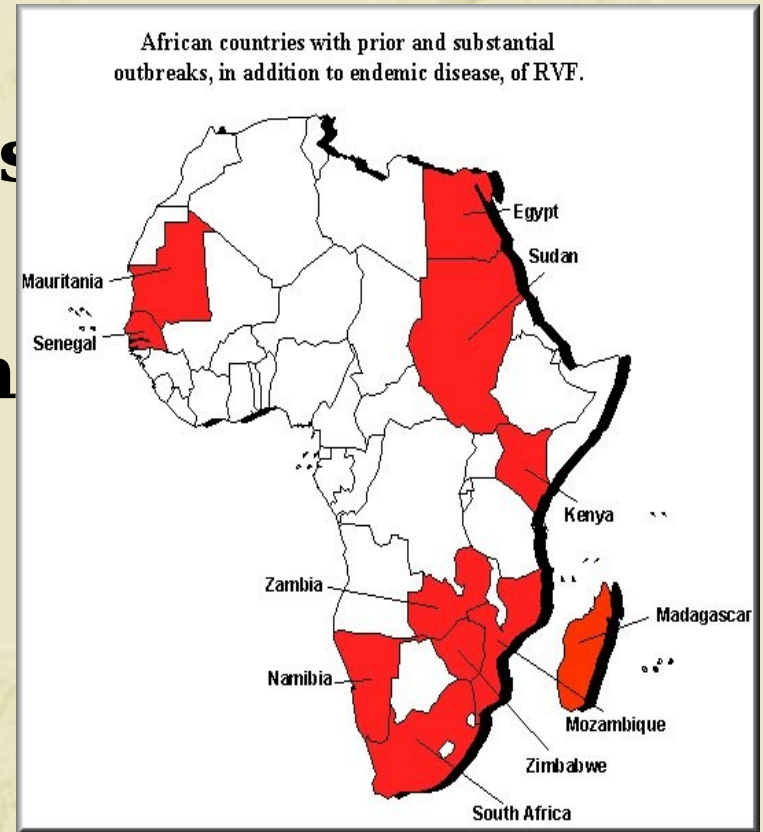
Office of the Surgeon General  
for the Army

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# Outline

- **Background**
- **Battlefield Response**
- **Medical Response**
- **Command and Control**
- **Summary**
- **References**







# Background

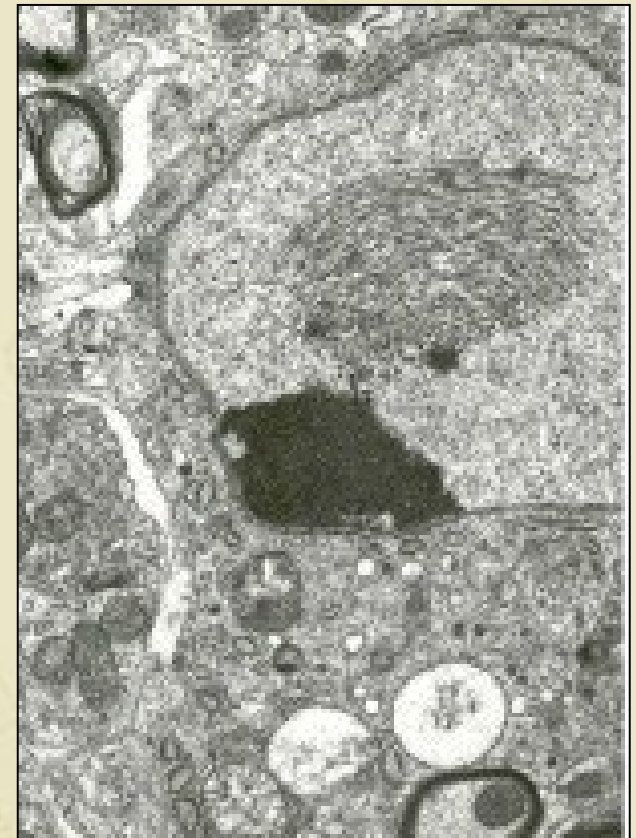
- **Disease Background**
- **Disease Course Summary**
- **Signs and Symptoms**
- **Diagnosis**
- **Treatment**
- **Current Situation**
- **Weaponization**





# Disease Background

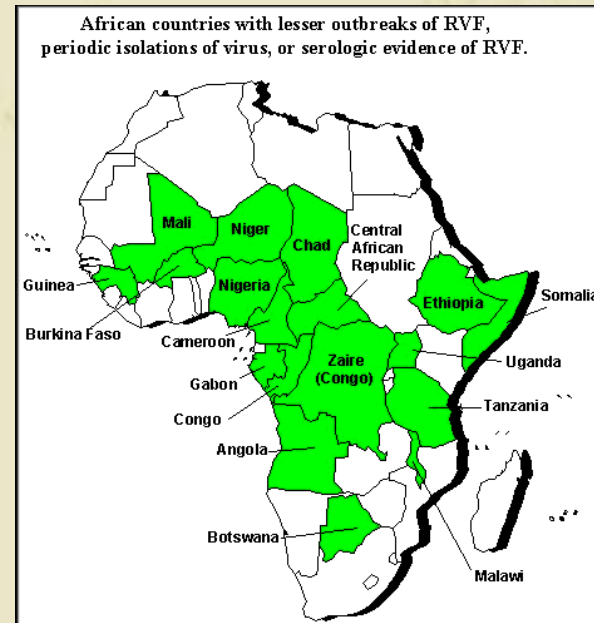
- **RNA viruses - Phlebovirus**
- **15-50 case mortality rate**  
**Epidemic noted in 1996**  
**in Africa**
- **Spread to humans by**  
**contact with infected**  
**animals or arthropod**  
**vectors (mosquitoes)**
- **Incapacitating disease**  
**with a fatality rate of 1%**





# History

- **Rift Valley Fever named in 1913**
- **Outbreaks mainly limited to Africa**





# Rift Valley Fever Disease Course Summary In Untreated Individuals

Day 1 <b>EXPOSUR E</b>	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Incubation 2-5 Days						
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Shock, hemorrhage, encephalitis or ocular disease						
Recovery						
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28

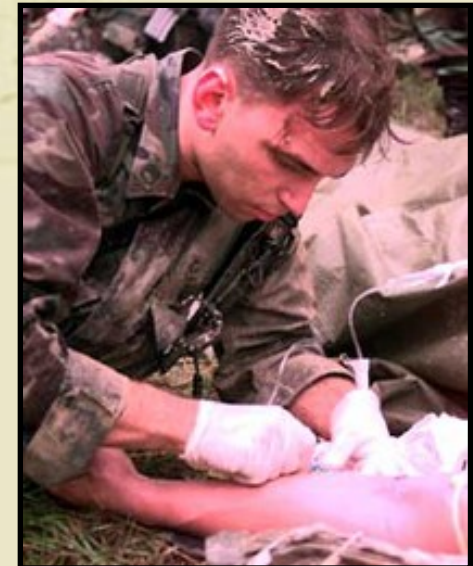
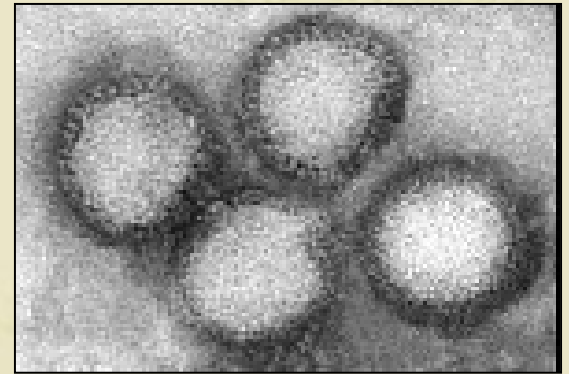




# Signs and Symptoms

## Rift Valley Fever

- 2-6 day incubation period
- Incapacitating fever for 2-6 days
- Conjunctivitis, abdominal tenderness, or nose bleeds
- 1% of patients progress to a viral hemorrhagic fever syndrome of which 50% die
- Long term neurological problems or permanent vision loss is possible







# Diagnosis Clinical

- Large numbers of individuals in the same geographic area presenting over a short time span
- Acute onset of symptoms





# Diagnosis Laboratory

- **Blood testing**
- **Requires biosafety laboratory**
- **Handling specimens should be with extreme caution and special collection and handling methods must be used**





# Treatment

- Isolation of known cases
- Ribavirin
- Supportive care - substantial advanced medical supportive may be necessary
  - Intensive care unit facilities
    - Oxygen
    - Hydration (IV therapy)
    - Ventilation support for severe
    - Pain management







# Current Situation

- **Currently endemic in Africa**
- **As a biological warfare agent, Rift Valley Fever poses a significant threat to ground troops**
  - Highly transmissible
  - Infectious
  - Lethal
  - Easily dispersible to ground troops as an aerosol
  - Stable in the environment
- **International deployments**
- **Risk of importation/exportation of disease**





# Weaponization

- **Aerosolization**
  - Inhalation threat
  - Delivery systems can be simulated
    - Spray systems
    - Sub munitions
    - Detonation containers
    - Crop duster or boat
    - Bomblets
    - Aircraft



M143 Biological bomb - used for anti-crop, anti-animal, or anti-personnel purposes.





# Battlefield Response to Rift Valley Fever

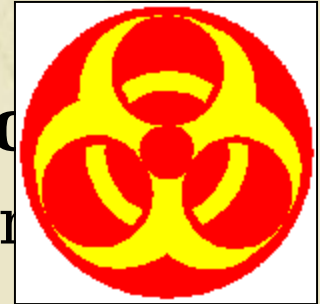
- **Detect**
- **Protect**
  - Individual protection
  - Collective protection





# Detection

- **Possible methods of detection**
  - Detection of agent in the environment
  - Clinical (differential diagnosis)
  - Medical surveillance (coordination enhances detection capability)
- **Diagnosis of Rift Valley Fever is not presumptive of a BW attack - the disease may be endemic to the area**







# Detection of Agent in the Environment

- Biological Smart Tickets
- Enzyme Linked Immunosorbant Assay (ELISA) (Fielded with the 520th TAML)
- Polymerase Chain Reaction (PCR) (Fielded with the 520th TAML)



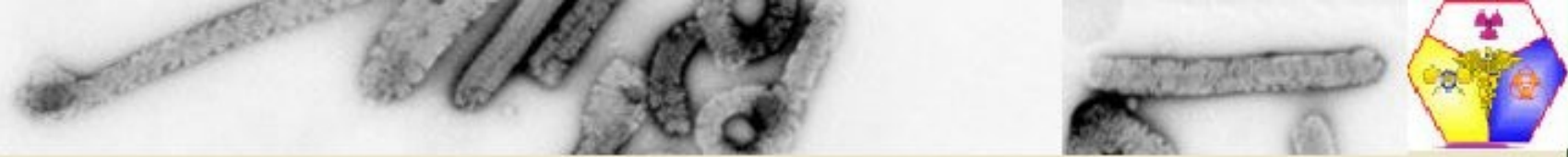




# Detection of Agent in the Environment (cont.)

- M31E1 Biological Integrated Detection System (BIDS)
- Interim Biological Agent Detector (IBAD)





# Clinical Detection

## Sudden presentation of

- Fevers, eye lesions or encephalitis presenting in groups
- Rapid progression of symptoms





# **Clinical Detection Laboratory Confirmation**

- **Division medical assets lack lab equipment to conduct test to determine hemorrhagic fevers**
- **Specimen must be sent to theater level or CONUS lab**
  - Unit SOP's for collection
  - Safety precautions
- **Lab specimens should be submitted to the correct diagnostic laboratory**
- **Contact lab prior to collection or preparation in order to assure proper methods are utilized**

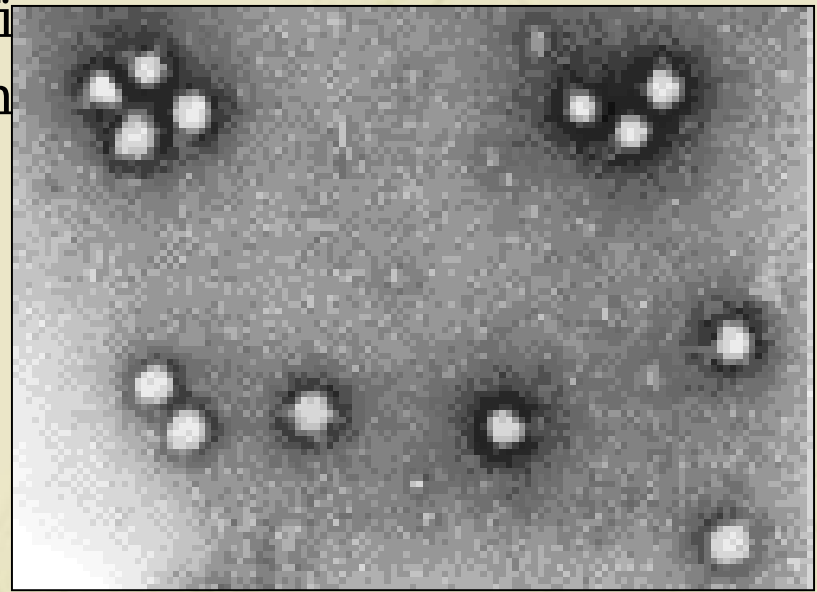




# Clinical Detection Laboratory Confirmation (cont.)

Points of contact for biological sampling  
and shipping

- Corps Chemical Office
- Technical Escort Unit
- AFMIC
- 520th TAML
- USAMRIID
- WRAIR
- CDC







# Detection Medical Surveillance



MARYLAND ARMY NATIONAL GUARD  
DISCOM 29<sup>th</sup> Infantry Division (Light)  
DIVISION MEDICAL OPERATION CENTER (DMOC)



## Patient Summary Report 29<sup>th</sup> INF (L) DIV

From: Division Medical Operations Center (DMOC)  
To: Division Surgeon

Date Time Group: From: 121200RJUN99  
To: 202400RJUN99

### PATIENTS

Nation	WIA	NBI	Disease	Neuropsychiatric Stress-Related	Total
US	0	97	55	0	152
Allied	0	0	0	0	0
EPW	0	0	0	0	0

### DISPOSITION

Return to duty	148
Holding in Division's MTFs	0
Evacuated and returned	3
Evacuated by air	0
Evacuated by ground	1
Expired en route	0
Expired in MTF	0

Clues in the daily  
medical disposition  
reports of a BW Attack

- Simultaneous presentations of large numbers of infected
- Natural outbreaks would have an index case and the numbers would build



# Protect Individual Protection

- Mask and BDO with gloves and boots.
- Standard uniform clothing affords a reasonable protection against dermal exposure to biological agents
- Casualties unable to wear MOPP should be handled in casualty wraps





# Protect Collective Protection

- Hardened or unhardened shelter equipped with an air filtration unit providing overpressure
- Standard universal precautions should be employed as individuals are brought inside the collective protection units
- RVF is not communicable from person to person except through blood and body fluid contact
- Contaminated articles can be decontaminated using







# Medical Response to Rift Valley Fever

- Triage and Evacuation
- Evacuation or Quarantine
- Infection Control
- Resource Requirements





# Triage and Evacuation

- **Triage**

- Priorities based on severity of symptoms
- Respiratory support, ICU needs, and quarantine facilities will increase priorities



- **Evacuation -Immediate**

- Considerable Infection control precautions during transport
- Must consider quarantine in place in a mass casualty situation





# Evacuation or Quarantine



Figure 8-6. Arms carry.

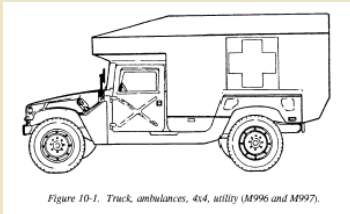


Figure 10-1. Truck, ambulances, 4x4, utility (M996 and M997).

- RVF patients not likely to RTD in the normal theater evacuation policy of 15 days
- Strict interpretation of the doctrine calls for evacuation

- **Quarantine**

- Contagious
- Limit spread of the virus
- Unlike smallpox, RVF is already endemic to various parts of the world

- **Guidance**

- Before evacuating patients suspected of RVF, seek guidance from the CINC and J6 MTF Commander

31 May





# Infection Control

- **Communicable from person to person through blood and body fluids**
- **Single room with adjoining anteroom as only entrance**
  - Hand washing facility with decontamination solution
- **Negative air pressure if possible**
- **Strict barrier precautions**
  - gloves, gown, mask, shoe covers, protective eyewear/face shield
  - consider HEPA respirator for prominent hemorrhage, vomiting, diarrhea, cough
- **Patient remains - Quartermaster section**
  - Decontamination, embalming, transportation in hermetically sealed containers



# Infection Control (cont)

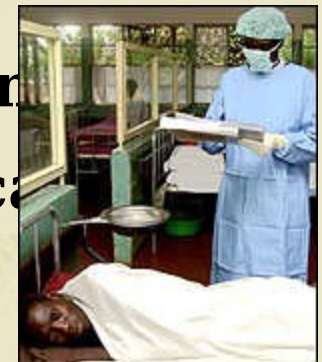
- Insect repellants containing DEET (N,N-diethyl-m-tolumaine) for skin
- Standard uniform clothing treated with insecticide sprays - permethrin
- Avoid contact with livestock in the area





# Infection Control (cont)

- Chemical toilet
- All body fluids disinfected
- Disposable equipment / sharps in rigid containers and autoclaved /incinerated
- Double-bag refuse-outside bag disinfectant
- Electronic/mechanical equipment can be paraformaldehyde disinfected



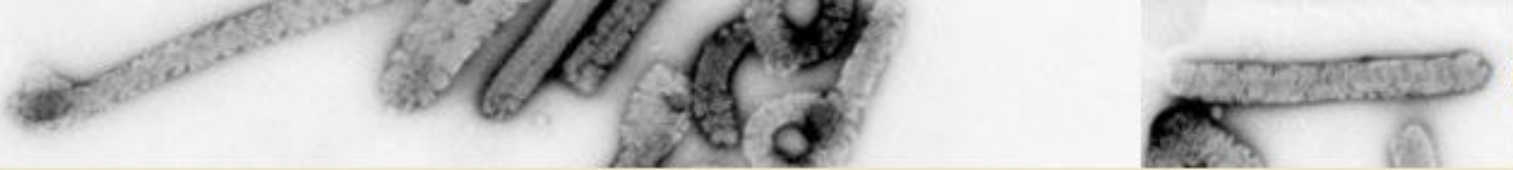




# Resource Requirements

- **Specialized evacuation assets**
- **Isolation facilities**
- **Ribavirin**
- **Supportive therapies**
  - Vigorous IV therapy
- **Intensive care facilities for severely compromised patients**
- **Possibility for quarantine of mass amounts of patients**
- **Specialized infection control equipment for care providers**





# Command and Control

- **Intelligence**

- Medical surveillance and intelligence reports are key to keep the Command alert to the situation

- **Maneuver**

- Quarantine or isolation is required of symptomatic patients

- **Logistics**

- Additional Class VIII materials will be required and evacuation routes to Echelon III will be heavily utilized
- Specialized evacuation assets may be required

- **Manpower**

- Many soldiers may be affected by aerosol dissemination in a short period of time



# Command and Control Response to Psychological Impact

- **May vary from person to person**
- **Psychological Operations**
  - Rumors, panic, misinformation
  - Soldiers may isolate themselves in fear of disease spread
- **Countermeasures**
  - LEADERSHIP is responsible for countering psychological impacts through education and training of the soldiers
  - Implementation of defensive measures such as crisis stress management teams





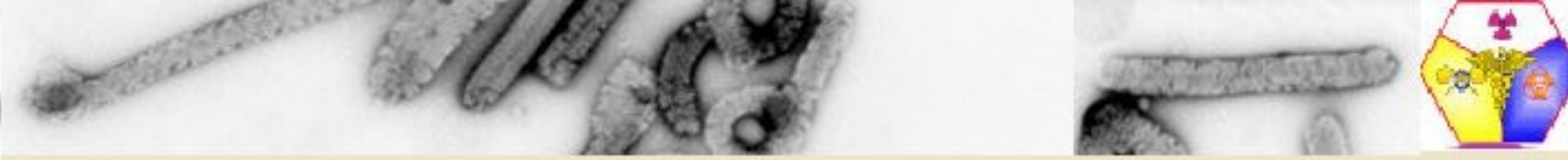
# Summary

- **Rift Valley Fever virus is highly infectious when aerosolized**
- **The possibility for weaponization is highly probable**
- **Detection may not occur until after exposure when patients are reported**
- **Command decisions that will be required upon detection of Rift Valley Fever:**
  - Evacuation: Many patients will be presenting at one time. Methods of evacuation?
  - Treatment: Procurement of additional antiviral, supplies, and equipment? Isolation of affected troops? Intensive care facilities?



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